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03/30/2004

TRASK BRITT
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Deidra Prell

(Depositor's name)

June 28, 2004

(Signature)

June 28, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/918,739	07/31/2001	David J. Corisis	2811.SUS (96-0243.5)	3239

TITLE OF INVENTION: METHODS FOR LEADS UNDER CHIP IN CONVENTIONAL IC PACKAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0	06/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRAYBILL, DAVID E	2827	438-123000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. TraskBritt, PC

2. _____

3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micron Technology, Inc.

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 5

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☒ A check in the amount of the fee(s) ~~XXXXXX~~ was previously submitted 10/4/04☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1469 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

James R. Dwyer 6-28-2004

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09/01/2004 PSHALL 00000001 09918739

01 FC:1501

1330.00 OP

02 FC:1504

300.00 OP

03 FC:8001

15.00 OP

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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